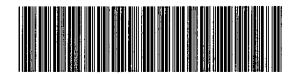
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CÓVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: <u>Central Florida Social Security Specialists</u>, Inc.
(PROPOSED CORPORATE NAME-<u>MUST INCLUDE SUFFIX</u>)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
٠,		ADDITIONAL CO	Status OPY REQUIRED
		,	
FROM:	Arthur J.	Mc Gm 4	
-	1621 Hast	rings ct	· ·
, -	casselber	•	רשר
	407 6	954703	·
	Daytime Te	elephone number	

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

NOTE: Please provide the original and one copy of the articles.



March 3, 2009

ARTHUR J MCGINTY 1621 HASTINGS CT CASSELBERRY, FL 32707

SUBJECT: CENTRAL FLORIDA SOCIAL SECURITY SPECIALISTS., INC.

Ref. Number: W09000009811

We have received your document for CENTRAL FLORIDA SOCIAL SECURITY SPECIALISTS., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 109A00007145

Paisley A Alford Clerk New Filing Section

Division of Compositions DO DOV 6297 Tallahagaaa Florida 29214

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
φ'.'
ARTICLE I NAME
The name of the corporation shall be:
Central Florida Social Security Specialists. Inc.
Central Florida South
$oldsymbol{\cdot}$
ARTICLE II PRINCIPAL OFFICE
The principal street address and mailing address, if different is:
1621 HASTINGS CT
casselberry FL 32707
\
The suppose for which the communication is assuming time Case to the Case to t
The purpose for which the corporation is organized is: assist social security Chaiments in filting for and obtaining Social security disability benefits. Our corporation ARTICLE IV SHARES
Claimans in the tap are by the interest to
social seconity of sais. Competation
ARTICLE IV SHARES
The number of chance of stock in
The number of shares of stock is: 100
i again
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
List name(s), address(es) and specific title(s): President - arthur J McGnty-1621 Hastings Ct., Casselberry FL
Vice President-Joan Sisto
Treasurer- Arthur J McGonty III
Treasureiz- ITI Water S
Secretary - Joan Sisto
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Arthor I. Moonty III
1621 Hastings Ct
cassalperry FL 32707
The control of the co
The name and address of the Incorporator is:
- Lasselberry FL 32707
casselberry FL 32707

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
anto I have the
<u>D2 24 09</u>
Signature/Registered Agent Date
are 1 Methet 111 02/24/09
Signature/Incorporator Date